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1. In a system comprising a health care benefit component that stores patient and benefit information and allows access to stored information by a health care provider, an automated adjudication component that automatically adjudicates claims submitted for payment, an automated payment component that automatically pays adjudicated claims, and a payment tracking component that tracks the status of claims submitted for automatic payment, a method for submitting and adjudicating claims comprising the steps of:

accessing, by a health care provider, the patient and benefit information stored by the health care benefit component in order to ascertain patient information necessary to submit a claim for treatment provided to a patient;

creating, by said health care provider, a claim by entering information regarding treatment provided to said patient into an electronic claim form that can be submitted for payment;

testing, by said health care provider, the adjudication status of said claim so that before said claim is submitted for processing, said health care provider may know whether said claim is to be adjudicated manually or whether said claim is to be adjudicated and paid automatically;

transmitting, by said health care provider, said claim for processing; and
if said claim is to be adjudicated and paid automatically, then tracking, by said health care provider, the payment status of said claim.

2. A method for submitting and adjudicating claims as recited in claim 1, further comprising, prior to transmitting said claim for processing, the steps of:

modifying, by said health care provider, the information in the claim in order to change the adjudication status of the claim; and then
re-testing the adjudication status of the claim.

3. A method for submitting and adjudicating claims as recited in claim 1 wherein, if the claim is to be paid automatically, then the method further comprises the step of initiating payment of the claim by transmitting information that ultimately results in an electronic transfer of funds to said health care provider.

4. A method for submitting and adjudicating claims as recited in claim 1, further comprising the step of forwarding the claim to a claims processing location for adjudication and payment.

5. A method for submitting and adjudicating claims as recited in claim 1, further comprising the step of forwarding the claim to another location for manual adjudication and payment.

6. A method for submitting and adjudicating claims as recited in claim 1, further comprising the steps of:

determining the parties responsible for payment of the claim; and

forwarding, to at least one of said parties, a request for electronic payment of a first portion of the claim and forwarding, to at least another of said parties, a printed invoice for payment of a second portion of the claim.

7. A method for submitting and adjudicating claims as recited in claim 1, further comprising the step of producing an explanation of benefits identifying the treatment provided and the ultimate disposition of the claim, including the amount paid by each party responsible for payment.

EXHIBIT 100

1 8. In a system comprising a health care benefit component that stores patient and
2 benefit information and allows access to stored information by a health care provider, an
3 automated adjudication component that automatically adjudicates claims submitted for
4 payment, an automated payment component that automatically pays adjudicated claims, and
5 a payment tracking component that tracks the status of claims submitted for automatic
6 payment, a method for submitting and adjudicating claims comprising the steps of:

7 accessing, by a health care provider, the patient and benefit information stored
8 94 by the health care benefit component in order to ascertain patient information
9 necessary to submit a claim for treatment provided to a patient;

10 creating, by said health care provider, a claim by entering information
11 regarding treatment provided to said patient into an electronic claim form that can
12 be submitted for payment;

13 testing, by said health care provider, the adjudication status of said claim so
14 that before said claim is submitted for processing, said health care provider may
15 know (1) whether said claim is to be adjudicated manually or whether said claim is
16 to be adjudicated and paid automatically, and (2) if said claim is to be adjudicated
17 and paid automatically, how much said health care provider is to be paid;

18 modifying, by said health care provider, said claim in order to change the
19 adjudication status of said claim;

20 testing, by said health care provider, the adjudication status of said claim so
21 that before said claim is submitted for processing, said health care provider may
22 know (1) whether said claim is to be adjudicated manually or whether said claim is
23 to be adjudicated and paid automatically, and (2) if said claim is to be adjudicated
24 and paid automatically, how much said health care provider is to be paid;

25 submitting, by said health care provider to said automated adjudication
26 component, said claim for processing;

94 processing, by said automated adjudication component, said claim and determining how said claim is to be adjudicated; and

if said claim is to be adjudicated and paid automatically, then performing at least the steps of:

initiating payment of said claim; and

tracking, by said health care provider, the payment status of said claim using said payment tracking component, wherein said payment tracking component allows said health care provider to review, online, the payment status of all outstanding claims that have been automatically adjudicated.

9. A method for submitting and adjudicating claims as recited in claim 8 wherein, if said claim is to be adjudicated manually, then the method further comprises at least the steps of:

submitting the claim to a claims processing entity for manual adjudication;

and

paying said health care provider based on said submitted claim.

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10. A method for submitting and adjudicating claims as recited in claim 1, further comprising the steps of:

determining the parties responsible for payment of the claim; and

forwarding, to at least one of said parties, a request for electronic payment of a first portion of the claim and forwarding, to at least another of said parties, a printed invoice for payment of a second portion of the claim.

11. A method for submitting and adjudicating claims as recited in claim 1, further comprising the step of producing an explanation of benefits identifying the treatment provided and the ultimate disposition of the claim, including the amount paid by each party responsible for payment.

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12. In an environment wherein a patient visits a health care provider for the purpose of receiving treatment and wherein the provider submits claims for payment for provided treatment to a payor who is responsible for paying at least a portion of the treatment costs, a system for providing health benefit information to the health care provider and for interactively adjudicating claims for payment and for making automated payment of adjudicated claims comprising:

means for storing health benefit information comprising (1) patient identifying information to identify a patient and (2) health benefit information that allows a health care provider to determine benefit coverage for said patient;

means for said health care provider to access said health benefit information in order to ascertain the benefit status of said patient prior to treatment of said patient;

means for said health care provider to enter a claim for payment for treatment provided to said patient;

means for said health care provider to determine the adjudication status of said claim prior to submission of the claim to the claims processor so that prior to submission of said claim, said health care provider knows whether said claim is to be manually adjudicated or whether said claim is to be automatically adjudicated and paid; and

means for submitting said claim for payment.

13. A system as recited in claim 12, further comprising means for sending claims submitted for payment to an entity for manual adjudication.

14. A system as recited in claim 12, wherein said means for said health care provider to determine the adjudication status utilizes custom rules provided by the payor to determine whether said claim is to be automatically adjudicated or manually adjudicated.

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~~15.~~ A system as recited in claim ¹⁰~~12~~, further comprising means for initiating payment of adjudicated claims.

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~~16.~~ A system as recited in claim ¹³~~15~~, wherein said means for initiating payment comprises means for initiating electronic transfer of funds.

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~~17.~~ A system as recited in claim ¹³~~15~~, wherein said means for initiating payment comprises means for printing a paper invoice to be sent through the mail.

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~~18.~~ A system as recited in claim ¹⁰~~12~~, further comprising means for sending an explanation of benefits that describes the treatment provided, the amount to be paid for the treatment, and the party responsible for payment.

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~~19.~~ A system as recited in claim ¹⁰~~12~~, wherein said means for said health care provider to determine the adjudication status comprises a database describing the benefits available and the contractual obligations of said payor to pay said health care provider for treatment rendered.

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~~20.~~ A system as recited in claim 12, further comprising means for modifying said claim in order to change the adjudication status of said claim prior to submission of the claim for processing.

1 21. In an environment wherein a patient visits a health care provider for the
2 purpose of receiving treatment and wherein the provider submits claims for payment for
3 provided treatment to a payor who is responsible for paying at least a portion of the treatment
4 costs, a system for providing health benefit information to the health care provider and for
5 interactively adjudicating claims for payment and for making automated payment of
6 adjudicated claims comprising:

7 means for storing health benefit information comprising (1) patient
8 identifying information to identify a patient and (2) health benefit information that
9 allows a health care provider to determine benefit coverage for said patient;

10 means for said health care provider to access said health benefit information
11 in order to ascertain the benefit status of said patient prior to treatment of said
12 patient;

13 means for said health care provider to enter a claim for payment for treatment
14 provided to said patient;

15 means for said health care provider to determine the adjudication status of
16 said claim prior to submission of the claim to the claims processor so that prior to
17 submission of said claim, said health care provider knows (1) whether said claim is
18 to be manually adjudicated or whether said claim is to be automatically adjudicated
19 and paid, and (2) if said claim is to be automatically adjudicated, the amount of
20 payment said health care provider is to receive when said claim is submitted;

21 means for modifying said claim in order to change the adjudication status of
22 said claim prior to submission; and

23 means for submitting said claim for payment.

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25 22. A system as recited in claim 21, further comprising means for sending claims
26 submitted for payment to an entity for manual adjudication.

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²¹~~23~~. A system as recited in claim ²⁰~~22~~, wherein said means for said health care provider to determine the adjudication status utilizes custom rules provided by the payor to determine whether said claim is to be automatically adjudicated or manually adjudicated.

²²~~24~~. A system as recited in claim ²¹~~23~~, further comprising means for initiating payment of adjudicated claims.

²³~~25~~. A system as recited in claim ²²~~24~~ wherein said means for initiating payment comprises means for initiating electronic transfer of funds.

²⁴~~26~~. A system as recited in claim ²³~~25~~, wherein said means for initiating payment comprises means for printing a paper invoice to be sent through the mail.

²⁵~~27~~. A system as recited in claim ²⁴~~26~~, further comprising means for sending an explanation of benefits that describes the treatment provided, the amount to be paid for the treatment, and the party responsible for payment.

²⁶~~28~~. A system as recited in claim ²⁵~~27~~, wherein said means for said health care provider to determine the adjudication status comprises a database describing the benefits available and the contractual obligations of said payor to pay said health care provider for treatment rendered.

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29. In an environment wherein a patient visits a health care provider for the purpose of receiving treatment and wherein the provider submits claims for payment for provided treatment to a payor who is responsible for paying at least a portion of the treatment costs, a system for providing health benefit information to the health care provider and for interactively adjudicating claims for payment and for making automated payment of adjudicated claims comprising:

a health benefit system adapted to allow electronic access to patient and benefit information, comprising:

a benefit database comprising

patient information which identifies individuals eligible for benefits,

benefit information which identifies the benefits available in sufficient detail to allow health care professionals and other individuals to determine, for each potential patient, particular covered or uncovered benefits, and

health care provider information that allows potential patients to identify particular health care providers that can be used to receive treatment covered by the benefits;

a benefit entry and modification module that allows entry and modification of said patient and benefit information; and

a database access module that allows access to the information stored in the benefit database from locations remote to the benefit database;

a health care claim entry system comprising:

a claim entry module that allows a health care professional to enter information regarding treatment provided to a patient in order to create a claim that can be submitted for payment;

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1 a claim modification module that allows a health care professional to
2 modify information in a claim prior to submission of the claim for
3 adjudication and payment;

4 a claim adjudication status module that allows a health care
5 professional to check the adjudication status of a claim prior to submission
6 so as to learn at least (1) whether the claim, if submitted, is to be adjudicated
7 manually or automatically, and (2) if a claim is to be adjudicated
8 automatically, the amount of payment that is to be received for the claim; and

9 a claim submission module that submits a claim for processing; and
10 an automated claims adjudication system comprising:

11 a claim adjudication status check module that receives a request to
12 test the adjudication status of a claim and returns, in response to the request,
13 the adjudication status including at least (1) whether the claim, if submitted,
14 is to be adjudicated manually or automatically, and (2) if a claim is to be
15 adjudicated automatically, the amount of payment that is to be received for
16 the claim; and

17 a claim processing module that receives submitted claims, determines
18 whether the claim is to be adjudicated manually or automatically and (1) if
19 the claim is to be adjudicated manually, sending the claim to the appropriate
20 location for manual processing and (2) if the claim is to be adjudicated
21 automatically, determining the amount of payment that should be made for
22 the claim, determining the source of the payment, and then initiating payment
23 of the claim.
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